



STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 03/13/2019
Time: 02:45 PM
Location: 229
Committee: Senate Education

Department: Education

Person Testifying: Dr. Christina M. Kishimoto, Superintendent of Education

Title of Bill: HB 0250, HD2 RELATING TO SCHOOL-BASED HEALTH SERVICES.

Purpose of Bill: Formally establishes the Hawaii Keiki: Healthy and Ready to Learn program and special fund within the Department of Education. Appropriates funds for positions and a vision screening and eye assessment tool, and to implement, expand, and sustain the program. (HB250 HD2)

Department's Position:

The Department of Education (Department) supports HB 250, HD2, provided that its passage does not replace or adversely impact priorities as indicated in our BOE approved budget.

The Department supports funding to expand the Hawaii Keiki program to increase the number of nurses assigned to Complex Areas, allow the Hawaii State Public Charter School Commission to launch Hawaii Keiki in two public charter schools serving disadvantaged youth, provide access to preventive oral health services, establish a pilot oral health screening and preventative services program on a neighbor island, enhance data collection, sharing, analysis, and reporting, engage in interdepartmental school health coordination, and implement an evidence-based vision screening tool. The Department also supports funding to establish school health coordinator positions in the Department of Health and the MedQUEST division of the Department of Human Services.

The Department requests that in lieu of developing a special fund, the funding mechanism be maintained as established in 2017 in the Department base budget. **The Department recommends to strike the entire contents of Sections 2 and 3 from this measure, and revise Section 8, page 14, lines 3-10 to the following:**

SECTION 8. There is appropriated out of the general revenues of the State of Hawaii the sum of \$752,066 or so much thereof as may be necessary for fiscal year 2019-2020 and the same sum or so much thereof as may be necessary for fiscal year 2020-2021 to implement, expand, and sustain the Hawaii keiki: healthy and ready to learn program.

The sums appropriated shall be expended by the department of education for the purposes of this Act.

The Department also recommends to add a new Section , as follows:

SECTION ~~1~~ There is appropriated out of the general revenues of the State of Hawaii the sum of 256,000 or so much thereof as may be necessary for fiscal year 2019-2020 and the same sum or so much thereof as may be necessary for fiscal year 2020-2021 to license electronic school health records.

The sums appropriated shall be expended by the department of education for the purposes of this Act.

The Department also supports the expansion of other on-campus, school based, health care providers, such as an Advanced Practice Registered Nurse (APRN), to approve the administration of medication to School Health Assistants (SHAs), and submits to this Committee the following **recommended language for its consideration on Page 12, lines 11-14 to:**

The administration of the medication is with the approval of the Department of Health; and ~~or other on-campus, school based, health care provider pursuant to a written agreement with the DOE.~~

Research shows a link between the health outcomes of young people and their academic success. The Hawaii Keiki: Healthy and Ready to Learn (HK) program's goal is to keep our youth healthy and ready to learn by improving access to and quality of school-based health services. At the Complex Area level, HK strives to reduce health-related chronic absenteeism and minimize interruptions to instructional time, as well as enhance wellness in the school and community environments.

HK provides services to students that support the BOE/DOE Strategic Plan's vision, *Hawaii's students are educated, healthy, and joyful learners who contribute positively to our community and global society*. Their efforts are also essential in enhancing the development of the Whole Child, which is Objective 2: *WHOLE CHILD. All students are safe, healthy, and supported in school, so that they can engage fully in high-quality educational opportunities*.

HK continues to function in strong partnership with the Department, as well as the Departments of Health and Human Services, other partnering organizations, and families to improve attendance, academic achievement, and overall wellness. This partnership is illustrated through the coordination of wraparound services, treatment and care that address non-school factors that impede student success. Toward this end, HK is effectuating Board Policy 103-4, School Health Services, in working with other state agencies and community partners to:

- Define a menu of coordinated school health services that facilitates efficacy in the continuum of supports provided to all students;
- Support the use of culturally responsive, evidence-based school health services and practices; and
- Facilitate ongoing dialogue to enhance coordinated school health services.

In addition, the Department notes that the electronic school health record system (Health Office Anywhere) has greatly improved data-accessibility for health-related school issues and the Department's capacity to engage in campus, complex, and departmental efforts to address students' health issues. This electronic system is now implemented on all school campuses,

including those without a Hawai'i Keiki nurse on campus.

Per the Health Office Anywhere (HOA) system data, during the first semester of the 2018-19 school year, there were approximately 21,400 student visits to school health rooms statewide. Of those visits, 45% were due to illness, 33% due to injury, and 22% due to health guidance. Approximately 60% of all office visits were completed within 15 minutes. Of those total visits, 87% of the students were returned to class, and 13% were dismissed from school.

In the Department's quest to develop the Whole Child, the continued existence, growth and expansion of the HK program are vital in helping our students be at optimal health so they can actively engage in their learning, academic pursuits, and personal goals. The Department is grateful for the work the Legislature has done thus far to shape this measure into a catalyst that will effectively and efficiently provide these critical health services to students statewide. The Department sincerely appreciates the Legislature's continued support of the education and health of our students.

Thank you for the opportunity to provide testimony.

The Hawaii State Department of Education seeks to advance the goals of the Strategic Plan which is focused on student success, staff success, and successful systems of support. This is achieved through targeted work around three impact strategies: school design, student voice, and teacher collaboration. Detailed information is available at www.hawaiipublicschools.org.



1200 Ala Kapuna Street ♦ Honolulu, Hawaii 96819
Tel: (808) 833-2711 ♦ Fax: (808) 839-7106 ♦ Web: www.hsta.org

Corey Rosenlee
President
Osa Tui, Jr.
Vice President
Logan Okita
Secretary-Treasurer
Wilbert Holck
Executive Director

TESTIMONY BEFORE THE SENATE COMMITTEE ON EDUCATION

RE: HB 250, HD2 - RELATING TO SCHOOL-BASED HEALTH SERVICES

WEDNESDAY, MARCH 13, 2019

COREY ROSENLEE, PRESIDENT
HAWAII STATE TEACHERS ASSOCIATION

Chair Kidani, and Members of the Committee:

The Hawaii State Teachers Association **supports HB 250, HD2**, relating to school-based health services.

The Hawaii Keiki: Healthy Ready to Learn Program is designed to improve access to and increase the quality of school-based health services available to Hawaii's public school students by coordinating and expanding the existing efforts of community partners and resources. This partnership program with the University of Hawaii at Manoa School of Nursing and Dental Hygiene supports the department of education in achieving student, school, and system success by providing school health nursing and primary care services to public schools in five complex areas.

Student success demands a nourished body and mind. Too often, our children come to school hungry or without access to quality medical care, leaving them lurching through the school day, rather than learning instructional content.

In 2015, the legislature appropriated general funds to improve access to and increase the quality of health services available to Hawaii's public school students. This appropriation led to the expansion of the Hawaii Keiki program, with five advanced practice registered nurses and five registered nurses serving seven complex areas across three islands. During this time, the Hawaii Keiki program also established five school-based health centers. The program was further expanded since then. The goal is to expand the Hawaii Keiki program to all fifteen department of education complex areas statewide; expand the program to allow the state public charter school commission to launch the program in two public charter schools serving disadvantaged keiki; provide access to preventive oral health services and establish a pilot oral health screening and preventative services program on a neighbor island; enhance data collection, sharing, analysis, and reporting; and engage in interdepartmental school health coordination.



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Vice President
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Secretary-Treasurer
Wilbert Holck
Executive Director

Today, over 50 percent of Hawai'i public school students receive free or reduced price meals, meaning their families' income levels are too low to cover the full cost of their children's basic needs. Additionally, 187 of our state's public schools count as Title I schools, namely schools in which at least 40 percent of enrolled students come from low-income families. Research shows that socioeconomic status is the indicator that correlates most strongly with academic achievement. The more affluent a child's family and community, in general, the greater the likelihood that the child will succeed academically. Families of low SES students, on the other hand, lack the resources to meet fundamental child needs. They frequently cannot afford doctor visits or medicine to keep a child well. Sometimes, they can't afford to pay for meals.

Student success demands a healthy body and mind. If our students come to school hungry or without access to quality medical care, they are left struggling through the school day, rather than being able to focus on their learning.

The Hawaii Keiki program provides nursing services that prevent communicable illness and improve treatable health conditions, which are especially important for economically disadvantaged youth, so they can not only be healthy, but they are able to focus on their learning. For the sake of our students' wellness, the Hawaii State Teachers Association asks your committee to **support** this bill.

DAVID Y. IGE
GOVERNOR



RODERICK K. BECKER
DIRECTOR

ROBERT YU
DEPUTY DIRECTOR

EMPLOYEES' RETIREMENT SYSTEM
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
OFFICE OF THE PUBLIC DEFENDER

STATE OF HAWAII
DEPARTMENT OF BUDGET AND FINANCE
P.O. BOX 150
HONOLULU, HAWAII 96810-0150

ADMINISTRATIVE AND RESEARCH OFFICE
BUDGET, PROGRAM PLANNING AND
MANAGEMENT DIVISION
FINANCIAL ADMINISTRATION DIVISION
OFFICE OF FEDERAL AWARDS MANAGEMENT (OFAM)

WRITTEN ONLY
TESTIMONY BY RODERICK K. BECKER
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
TO THE HOUSE COMMITTEE ON EDUCATION
ON
HOUSE BILL NO. 250, H.D. 2

March 13, 2019
2:45 p.m.
Room 229

RELATING TO SCHOOL-BASED HEALTH SERVICES

House Bill (H.B.) No. 250, H.D. 2, proposes to establish the Hawaii Keiki: Health and Ready to Learn Special Fund within the Department of Education (DOE) where appropriations by the Legislature, federal or State grant funds, grant funds from private and nonprofit organizations, federal reimbursements, any interest that accrues upon the balance in the fund, and any other moneys designated for the fund shall be deposited into the fund and shall be expended according to a Memorandum of Understanding between the DOE and the Hawaii Keiki: Healthy and Ready to Learn Program to support program activities.

As a matter of general policy, the department does not support the creation of any special fund which does not meet the requirements of Section 37-52.3, HRS. Special funds should: 1) serve a need as demonstrated by the purpose, scope of work and an explanation why the program cannot be implemented successfully under the general fund appropriation process; 2) reflect a clear nexus between the benefits sought and charges made upon the users or beneficiaries or a clear link between the program

and the sources of revenue; 3) provide an appropriate means of financing for the program or activity; and 4) demonstrate the capacity to be financially self-sustaining. In regards to H.B. No. 250, H.D. 2, it is difficult to determine whether the proposed special fund would be self-sustaining.

Thank you for your consideration of our comments.

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

March 11, 2019

TO: The Honorable Senator Michelle N. Kidani, Chair
Senate Committee on Education

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 250 HD 2 – RELATING TO SCHOOL-BASED HEALTH SERVICES**

Hearing: Wednesday, March 13, 2019, 2:45 p.m.
Conference Room 415, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of the measure and offers comments.

PURPOSE: The purpose of this bill is to formally establish the Hawaii Keiki: healthy and ready to learn program, to provide funding to expand and sustain the program, and to appropriate funds to establish school health service coordinators in the Department of Health (DOH) and DHS to increase coordination and facilitate departmental and interdepartmental activities related to comprehensive school-based health services.

DHS provides coverage for over 40 percent of all children in Hawaii through the Med-QUEST Division (MQD). DHS works with school-based health programs at both the Department of Education (DOE) and the Department of Health (DOH), including the Hawaii Keiki program. These collaborative efforts have demonstrated positive results.

DHS has enrolled the University of Hawaii School of Nursing providers who have provided services under the Hawaii Keiki program as Medicaid providers, which allows them to bill Med-QUEST health plans for services. The Hawaii Keiki framework helps to lay a foundation for billing of Med-QUEST for some school-based health services. We also encourage the

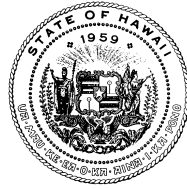
collaboration among the various entities providing school-based health services to ensure improved health and well-being for the children in the most effective and efficient manner.

DHS appreciates the intent of Section 6 to appropriate funds for a school-based health services coordinator for the agency. The position would help ensure that inter-agency activities are integrated and complementary, and not duplicative.

However, DHS respectfully requests that any appropriation not supplant appropriation requests identified in the Executive budget.

We respectfully defer to the testimony of DOE and DOH as the measure pertains to those agencies.

Thank you for the opportunity to testify on this bill.



**STATE OF HAWAII
DEPARTMENT OF HEALTH**

P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on HB 250_HD2
RELATED TO SCHOOL-BASED HEALTH SERVICES**

**REPRESENTATIVE MICHELLE KIDANI, CHAIR
HOUSE COMMITTEE ON EDUCATION**

Hearing Date: 03/13/19

Room Number: 229

Fiscal Implications: This bill appropriates an unspecified amount of general funds to various components in this measure. We respectfully defer to the priorities in the Governor's Executive Biennium Budget request.

Department Testimony: The Department of Health (DOH) supports the intent of HB 250 HD2 and offers comments to Section 4 and Section 5, and amendments to Section 4.

Healthy students are better learners and investing in healthy, successful students help build strong communities. The DOH supports Board of Education Policy 103-4 on School Health Services.

This policy allows for a menu of coordinated and comprehensive school health services based on the needs of the student, school, complex and the community in which they live and learn. It supports partnerships with various government agencies and community organizations to meet those needs. This policy supports the Whole School, Whole Community, and Whole Child model. The DOH provides an array of health services to DOE students. One of those programs, Public Health Nursing Branch, coordinates with the Department of Education (DOE), the Hawai'i Keiki: Healthy and ready to learn program (HK), various Federally Qualified Health Centers, and various community organizations that provide school-based health services.

The department SUPPORTS the addition of licensed advanced practice registered nurses (APRNs) to those practitioners that can prescribe medication to school children.

1 The department SUPPORTS the funding of a school health services coordinator within the DOH
2 to facilitate the delivery of coordinated and comprehensive school health services so long that it
3 does not negatively impact the Governor's Executive Biennium Budget requests.

4 The department COMMENTS on the administration of medication by school health assistants
5 and offers ammendments. All medication requests to be administered by School Health
6 Assistants (SHAs) in the school setting are currently reviewed and approved by DOH Public
7 Health Nurses (PHNs) in accordance with Chapter 302A-853, HRS. This allows a qualified
8 health professional to determine if the medication request is appropriate for the school setting.
9 Not all medication requests are approved, such as those that require an assessment by the SHAs
10 that they cannot make because they are considered unlicensed assistive personnel. These include
11 "prn" ("as needed") medication and clinical trial medication requiring an authorized health care
12 provider's involvement.

13 Some schools have a registered nurse or advanced practice registered nurse on campus through
14 written agreements with the DOE. These include school-based health centers from the HK
15 Program and from the Federally Qualified Health, Centers such as the Waianae Coast
16 Comprehensive Health Center and the Ko'olauloa Health Center. These school-based health
17 centers should also be able to prescribe and administer medication to students without further
18 review. In addition, school-based, licensed health clinicians through a written agreement with
19 DOE, could approve medication requests provided by clinicians outside the school system that
20 would be administered by SHAs.

21 OFFERRED AMENDMENT: We recommend the following amendments to Section 4 (3): The
22 administration of the medication is with the approval of the Department of Health[; ~~or the~~
23 ~~Hawaii keiki: healthy and ready to learn program under section 302A-A;~~] or other on campus,
24 school-based, health care provider pursuant to a written agreement with the Department of
25 Education.

26 Thank you for the opportunity to testify.

DAVID Y. IGE
GOVERNOR



JOHN S.S. KIM
CHAIRPERSON

STATE OF HAWAII
STATE PUBLIC CHARTER SCHOOL COMMISSION
('AHA KULA HO'ĀMANA)

<http://CharterCommission.Hawaii.Gov>
1111 Bishop Street, Suite 516, Honolulu, Hawaii 96813
Tel: (808) 586-3775 Fax: (808) 586-3776

FOR:	HB 250 HD2 RELATING TO SCHOOL-BASED HEALTH SERVICES
DATE:	March 13, 2019
TIME:	2:45 P.M.
COMMITTEE:	Committee on Education
ROOM:	Conference Room 229
FROM:	Sione Thompson, Executive Director State Public Charter School Commission

Chair Kidani, Vice Chair Kim, and members of the Committee:

The State Public Charter School Commission ("Commission") appreciates the opportunity to submit this testimony in **STRONG SUPPORT of HB250 HD2**. This bill would allow for increased access to health services, particularly in rural areas where health providers are scarce. Health screenings allow for early detection and potential remediation allowing Hawai'i's keiki to be ready to learn to their fullest potential.

The Commission is grateful for the support of the committee in establishing health screenings for keiki, pre-kindergarten to high school and for the inclusion of public charter schools as a pilot program as established by this measure.

Thank you for the opportunity to provide this testimony.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
Senate Committee on Education
Wednesday, March 13, 2019 at 2:45 p.m.

by

Mary G. Boland, DrPH, RN, Dean and Professor
School of Nursing and Dental Hygiene
University of Hawai'i at Mānoa

and

Michael Bruno, PhD
Interim Vice Chancellor for Academic Affairs and Vice Chancellor for Research
University of Hawai'i at Mānoa

HB 250 HD2 – RELATING TO SCHOOL-BASED HEALTH SERVICES

Chair Kidani, Vice Chair Kim, and members of the Senate Committee on Education:

Thank you for this opportunity to provide testimony in strong support of HB 250 HD2 with recommended amendments as it relates to Hawai'i Keiki.

This bill aims to establish and expand the Hawai'i Keiki program to improve student and school success by addressing health concerns that impact student success. This measure also aims to amend the education statute relating to school-based medication administration to improve access to prescribed medications for children enrolled in and attending public schools.

National evidence shows the presence of school-based licensed health care professionals, including APRNs and registered nurses (RNs), decreases absenteeism and time away from class of children with acute and chronic conditions, increases parents' and caregivers' time at work, and principals' and teachers' instructional time (Wong, 2014).

The 2015 Legislature, in its wisdom, recognized that students must come to school healthy and ready to learn. Through Act 139, you provided fiscal support for school-based health services through a Department of Education (DOE) partnership with the University of Hawai'i at Mānoa School of Nursing and Dental Hygiene (UHMSONDH) that enabled Hawai'i Keiki (UHM SONDH) to provide at least one school-based APRN to each of the 15 Complex Areas and 3 RNs to selected high need schools on four islands. These licensed professionals are highly skilled and can approve such medication administration.

We are pleased to report the program has nurses on O'ahu, Maui, Kaua'i, and Hawai'i Island. In the three-month period from October through December 2018 the program

documented, with the school health aides (SHAs), that 5,300 students made 14,090 visits to the health rooms. Eighty-seven percent (87%) of students were able to return to class with an average time in the health room of 15 minutes for care for illness, injury or health guidance. Hawai'i Keiki provided 85 consultations to DOE staff and parents regarding keiki with new or existing health conditions. Nurses engaged with DOE administrators, staff, and district-level Parent-Community Networking Centers (PCNC) to support wellness goals and with Parent-Teacher Associations (PTA) to develop emergency response protocols and facilitate requisition of Automated External Defibrillators (AED) for schools. Other highlights include partnering with DOH for Stop Flu at School, Project Vision for vision screening, and leading a school-based UH health sciences team of child psychiatry, clinical pharmacy, and dental hygienists at one middle school. Finally, the project is supporting the successful statewide implementation of an electronic record that documents health status and services provided in the health room.

The Legislature funded the program line item in the DOE budget in the first year of the 2017-2019 fiscal biennium to develop these school-based nurse practitioner (APRN) delivered services in Complex Areas statewide, increase access to nursing and health related career development to DOE students and schools, and facilitate maximizing partnerships with public and private organizations addressing health needs in schools.

In the second year of the 2017-19 Fiscal Biennium (FY19), the Legislature reaffirmed commitment to the health and well-being of school aged children with Hawai'i Keiki in the base budget at an allocation of \$2,147,282. That said, through this measure we request an appropriation increase of \$752,066 beyond the base budget of \$2,147,282 as requested by DOE in a memo to the Board of Education dated October 18, 2018. The base budget and requested increase will make the program budget whole, maintain the Advanced Practice Registered Nurse (APRN) in all 15 Complex Areas as well as the administrative/technical support structure, as currently operationalized. Hawai'i Keiki notes that the funding mechanism through the DOE budget is functional and preferred over the development of a special fund, at this time. In addition, \$256,000 is being requested to fund license fees for the electronic school health records for each school in the DOE system, which enhances the state's capacity to track, monitor, and address health issues experienced by students enrolled in DOE schools.

Second, HRS Section 302A-853 relating to DOE requires that for physician ordered and parent approved medication to be given or self-administered during the school day, the prescription must be approved by the DOH. The intent of this bill is to maintain DOH approval authority while increasing approval authority to the organizations partnering with the DOE to improve health.

This change allows not only DOH but also school-based health centers and Hawai'i Keiki to approve medication administration in school by adding Advanced Practice Registered Nurses to the list of professions who may prescribe medication at school;

and expanding the medication administration approval authority beyond the DOH to include DOE recognized school based health providers.

This proposed legislation will allow school-based health care entities with formal agreements with the DOE to approve timely and efficient administration of prescribed medications so children can attend school.

Because the funding mechanism is within the DOE base budget, Hawai'i Keiki respectfully requests that Sections 2 and 3 be struck from this measure. Section 8 be amended to reflect the dollars requested as mentioned earlier. Section 9 and 10 be struck from this measure.

Therefore, the UHM SONDH respectfully requests that HB 250 HD2 pass with the proposed amendments. We appreciate your continuing support for keiki, nursing, and school-based health care services.

Thank you for the opportunity to testify. Details of the proposed amendments follow this testimony.

Recommend to revise Section 8 as follows.

SECTION ~~8~~ [3]. There is appropriated out of the general revenues of the State of Hawaii the sum of \$1,008,066 or so much thereof as may be necessary for fiscal year 2019-2020 and the same sum or so much thereof as may be necessary for fiscal year 2020-2021 to implement, expand, and sustain the Hawaii keiki: healthy and ready to learn program.

The sums appropriated shall be expended by the department of education for the purposes of this Act.

Recommend to revise Section 12 as follows.

SECTION ~~12~~ [5]. This Act shall take effect on July 1, 2019.



March 12th, 2019

Testimony of HB250

Honorable Chair Senator Kidani, Honorable Vice Chair Senator Mercado Kim, Members of the Senate Committee on Education.

Project Vision Hawai'i submits testimony in strong support of HB250 and recommends an amendment.

The amendment pertains to reference to vision screening "tool" in Section 7. Project Vision Hawai'i humbly recommends that the language be changed from "tool" to "program," in Section 7. Funding for a "program" could include cost of necessary "tools" or equipment as well as support current community capacity. This would be the most cost effective, diplomatic, and sustainable solution. Investment in community coordination is key to the success of a cost effective vision screening program. This change allows the flexibility for this to occur. Please find attached recommended change.

Project Vision provides mobile health screening units in Hawai'i targeting communities with access to care issues such as lack of insurance, geographic challenges, cultural barriers and limited or no income.

Project Vision Hawai'i is a locally grown nonprofit with a mission to work in partnership with the people of Hawai'i to increase access to healthcare. Our success in serving vulnerable populations comes largely because of two unique strategies: (1) we bring services to access-challenged communities via mobile screening units; and (2) services are always 100% free of charge to participants.

Project Vision provides mobile health screening units in Hawai'i targeting communities with access to care issues such as lack of insurance, geographic challenges, cultural barriers and limited or no income.

Project Vision Hawai'i's is supportive of school based health programs, particularly in vision. School based health clinics are vital to the success of our children in school and in life by addressing the whole child. Project Vision Hawai'i supports school based health clinics with further wrap around services in niche areas such as vision, dental and behavioral health.



Screening and follow up referrals may be conducted by in school clinic nurses or through community partnerships. This legislation provides the further support that is needed to enhance services around access to vision care, dental care and behavioral health services. Project Vision Hawai'i supports this bill to increase interdepartmental communication and tracking, and in turn, strives to ensure that no keiki's health is left unaddressed.

School based health clinics are critical to increase access to healthcare for a vulnerable population from pre-kindergarten to high school keiki by providing school health and primary care services in the public schools. More support in these wrap around services is needed. Integrating vision, dental and behavioral health screening into these programs is a perfect fit and enhances the potential short and long term impact for school aged children of Hawai'i.

The legislature is to be applauded for your willingness to invest in important niche services in school based health and in the partnership of the DOE, DHS, DOH, and other partners to improve student success through improved health screening, monitoring, and management of chronic conditions that impact learning.

Thank you for the opportunity to submit testimony.

Sincerely,

Elizabeth "Annie" Valentin, MPH
(Annie Hiller)

Executive Director
PROJECT VISION HAWAI'I
PO Box 23212
Honolulu, HI 96823
(808)-282-2265
www.projectvisionhawaii.org



Recommended Amended Language:

SECTION 7. There is appropriated out of the general revenues of the State of Hawaii the sum of \$ or so much thereof as may be necessary for fiscal year 2019-2020 and the same sum or so much thereof as may be necessary for fiscal year 2020-2021 for an evidence-based vision screening and eye assessment program appropriate for children in kindergarten through grade twelve as part of the Hawaii keiki: healthy and ready to learn program.

The sums appropriated shall be expended by the department of education for the purposes of this Act.

841 Bishop St., Suite 301
Honolulu, Hawaii 96813



Telephone: 808 926-1530
Contact@HEECcoalition.org

Senate Committee on Education
Senator Michelle Kidani, Chair
Senator Donna Mercado Kim, Vice Chair

March 13, 2019

Dear Chair Kidani, Vice Chair Kim and Committee Members:

This testimony is submitted in **support for HB250 HD2**, appropriating funds for the Hawaii Keiki: Healthy and Ready to Learn program.

One of HE'E's priorities is to create family empowerment by collaborating to meet the basic needs of every child and Hawaii Keiki: Healthy and Ready to Learn is aligned with this priority. It is also an exemplar partnership between the DOE and UH Manoa School of Nursing and Dental Hygiene.

The January 15, 2016 guidance by the U.S. Department of Human Services and Department of Education states, "We know that healthy students are better learners who are more likely to thrive in school and in life.¹ In communities across the country, educators, health care providers, and families are working each day to help children grow into healthy and well-educated adults. They cannot do this alone. This work depends on strong and sustainable partnerships and commitments between health and education agencies at the local, state, and federal levels."²

The Coalition appreciates the Legislature's support of Hawaii Keiki: Healthy and Ready to Learn. Through Act 139, which launched the program, Hawai'i Keiki has created a system of data collection, developed relationships with stakeholders and the community, and has demonstrated that it is effective.

We encourage the legislature to continue its support of Hawaii Keiki.

Sincerely,

Cheri Nakamura
HE'E Coalition Director

¹ Ickovics, J., A. Carroll-Scott, S. Peters, M. Schwartz, K. Gilstad-Hayden, and C. McCaslin. (2014). "Health and Academic Achievement: Cumulative Effects of Health Assets on Standardized Test Scores Among Urban Youth in the United States." *Journal of School Health*, 84 (1): 40-48

² <http://www2.ed.gov/policy/elsec/guid/secletter/160115.html>

HE'E Membership

Academy 21

After-School All-Stars Hawaii

Alliance for Place Based Learning

*Castle Complex Community Council

*Castle-Kahuku Principal and CAS

Coalition for Children with Special Needs

*Faith Action for Community Equity

Fresh Leadership LLC

Girl Scouts Hawaii

Harold K.L. Castle Foundation

*Hawai'i Afterschool Alliance

*Hawai'i Appleseed Center for Law and Economic Justice

*Hawai'i Association of School Psychologists

Hawai'i Athletic League of Scholars

Hawai'i Charter School Network

*Hawai'i Children's Action Network

Hawai'i Nutrition and Physical Activity Coalition

* Hawai'i State PTSA

Hawai'i State Student Council

Hawai'i State Teachers Association

Hawai'i P-20

Hawai'i 3Rs

Head Start Collaboration Office

It's All About Kids

*INPEACE

Joint Venture Education Forum

Junior Achievement of Hawaii

Kamehameha Schools

Kanu Hawai'i

*Kaua'i Ho'okele Council

Keiki to Career Kaua'i

Kupu A'e

*Leaders for the Next Generation

Learning First

McREL's Pacific Center for Changing the Odds

Native Hawaiian Education Council

Our Public School

*Pacific Resources for Education and Learning

*Parents and Children Together

*Parents for Public Schools Hawai'i

Punahou School PUEO Program

*Teach for America

The Learning Coalition

US PACOM

University of Hawai'i College of Education

YMCA of Honolulu

Voting Members () Voting member organizations vote on action items while individual and non-voting participants may collaborate on all efforts within the coalition.*



**Written Testimony Presented Before the
Senate Committee on Education
Wednesday, March 13, 2019 at 2:45 p.m**

**By
Laura Reichhardt, MS, AGNP-C, APRN
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

**WRITTEN TESTIMONY IN STRONG SUPPORT
HB 250, HD2 RELATING TO SCHOOL-BASED HEALTH SERVICES**

Chair Kidani, Vice Chair Kim, and members of the Senate Committee on Education:

Thank you for this opportunity to provide testimony in strong support of this bill, HB 250, HD2 as it relates to advanced practice registered nurses (APRNs). The Center wishes to provide testimony as it relates to Section 4 (2) of this measure.

This bill, in part, aims to amend the education statute relating to school-based medication administration to improve access to prescribed medications for children enrolled in and attending public schools. The current statute requires Department of Health (DOH) to approve provider prescribed and parent supplied medication before medication can be taken in school.

In its great wisdom, the Hawai'i State Legislature recognized by Act 169, SLH 2009, that APRNs may serve as primary care providers, and by Act 110, SLH 2011, that all Hawai'i hospitals should allow APRNs to practice the full scope of practice allowed under the Hawai'i Nurse Practice Act and granted APRN full prescriptive authority. Since this time, Hawai'i State Center for Nursing has worked with the State Legislature, government and community stakeholders to identify remaining barriers to APRN practice, with the end goal of ensuring timely, high quality care for the people of Hawai'i, with particular emphasis in addressing healthcare access inequities in vulnerable populations including women, children, low-income, and geographically remote. Today, there has been significant growth in the readily available APRN workforce, with over 100% growth since 2005 and APRNs working in all regions that people live in Hawai'i.

This measure proposes to include APRNs to the list of professions whose prescribed medications may be administered at schools, so long as the prescription is approved by the parent /caregiver and identified as necessary for the health of the child and for the child to attend school. This proposed statute change will enable the available

APRN workforce who provide care to school aged children to work with parents and caregivers to support the child's short- and long-term health and reduce health-related barriers to learning.

Therefore, the Hawai'i State Center for Nursing supports the language as it relates to APRN practice. The Center defers to the Department of Education on the other parts of this measure. We appreciate your continuing support for keiki, access to healthcare, and nursing. Thank you for the opportunity to testify.



**Testimony to the Senate Committee on Education
Wednesday, March 13, 2019; 2:45 p.m.
State Capitol, Conference Room 229**

RE: SUPPORTING INTENT OF HOUSE BILL NO. 0250, HOUSE DRAFT 2, RELATING TO SCHOOL-BASED HEALTH SERVICES.

Chair Kidani, Vice Chair Kim, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS THE INTENT** of House Bill No. 0250, House Draft 2, RELATING TO SCHOOL-BASED HEALTH SERVICES.

The bill, as received by your Committee, would:

- (1) Statutorily establish the Hawaii Keiki Healthy and Ready to Learn Program (Program) within the Department of Education (DOE) in collaboration with the Departments of Health (DOH) and Human Services, the University of Hawaii at Manoa School of Nursing and Dental Hygiene, community providers, and other health care and education stakeholders for the provision of school-based wellness and health services;
- (2) Require the DOE to partner with the Public Health Nursing Branch of the Department of Health pursuant to a memorandum of understanding (MOU) between the DOE, DOH, the Program, and each federally qualified health center (FQHC) and rural health clinic geographically situated within each participating complex of schools;
- (3) Preclude the Program from providing services at any school where a school-based clinic established pursuant to an MOU or contract between an FQHC or rural health clinic exists or may exist in the future;
- (4) Clarify that precluded services include any service that duplicates any service that is either provided or offered at a school-based clinic;

- (5) Create a special fund and authorizes the Program to seek private funding sources and federal reimbursement for school-based health services, and provides that moneys in the special fund be expended in accordance with the MOU to support Program activities;
- (6) Exempt proceeds deposited into the special fund from defraying central service expenses;
- (7) Allow advance practice registered nurses and program administrators to dispense medication to Program participants;
- (8) Appropriate unspecified amounts of general funds for fiscal biennium 2019-2021, for:
 - (A) The Departments of Health and Human Services, respectively, to establish one full-time equivalent school health service coordinator position, each; and
 - (B) The Department of Education to conduct evidence-based vision screening and eye assessment for children in kindergarten through grade twelve;
- (9) Appropriate an unspecified amount of general funds for fiscal year 2019-2020, and the same amount for fiscal year 2020-2021, for the DOE to implement, expand, and sustain the Program; and
- (10) Take effect on July 1, 2050.

While we greatly appreciate the amendments made by the House Joint Committee on Lower and Higher Education, and Health (which were also agreed upon by the House Committee on Finance), that would ensure that efforts to implement a statewide Keiki Program be done in collaboration with FQHCs, the HPCA continues to have concerns that this measure may unintentionally and inadvertently conflict with efforts to establish school-based health clinics at certain public schools situated near existing Community Health Center facilities if the amendments contained in the House Draft 2 are eliminated at any time. We emphasize that school-based clinics provide broader and more intensive primary care services than that which would be provided solely by an advance practice registered nurse assigned to a complex of schools as proposed under the Keiki Program.

Both Koolauloa Health Center and Waianae Coast Comprehensive Health Center have worked with the DOE to establish school-based clinics at public schools situated near their facilities. Other Community Health Centers have examined their models and are currently considering entering into agreements with the Department of Education to create similar programs at nearby schools. We are concerned that the establishment of the Program without the language provided in the House Draft 2

version may conflict with these efforts and unfortunately reduce the level of services that is currently being provided at certain schools, or might be provided to more schools in the future.

So long as the language found on page 5, line 16 through page 6, line 12 of the House Draft 2 version of House Bill No. 0250, remain intact in any future amendment to this bill, the HPCA shall support this measure.

Lastly, we respectfully request that the following language be added to the committee report, should the Committee desire to report this measure out:

"It is the intent of your Committee that the Program established pursuant to this Act not be construed in any way to preclude or limit the receipt of federal funds to establish any school-based clinic pursuant to a grant or other financial arrangement with a federally qualified health center or rural health clinic."

In advance, thank you for your consideration of our testimony.

American Academy of Pediatrics

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Hawaii Chapter

AAP - Hawaii Chapter

P.O. Box 25817
Honolulu, HI 96825
aaphawaii.org

Hawaii Chapter Board

President

Mae S. I. Kyono, MD, FAAP
1319 Punahou Street, 7th Floor
Honolulu, HI 96826
Phone: 808- 780-5286
mkyono@hawaii.edu

Vice-President

Michael Ching, MD, MPH, FAAP
2828 Paa Street
Honolulu, HI 96819
Phone: 808- 432-5700
michael.s.ching@kp.org

Secretary

Josephine Quensell, MD, FAAP
1319 Punahou Street, Suite 1050
Honolulu, HI 96826
Phone: 808- 942-8144
quensell@hawaii.edu

Treasurer

Vince Yamashiroya, MD, FAAP
1010 S. King Street, Suite 105
Honolulu, HI 96814
Phone: 808- 596-2030
vinceyamashiroya@gmail.com

Immediate Past President

R. Michael Hamilton, MD, MS,
FAAP
1010 Pensacola Street
Honolulu, HI 96814
Phone: 808- 375-3961
michael.r.hamilton@kp.org

Chapter Executive Director

Sharon Hicks
P.O. Box 25817
Honolulu, HI 96825
Phone: 808- 282-4944
haapsharon@gmail.com

March 11, 2019

To: Senate Committee on Education, Senator Michelle N. Kidani, Chair, Senator Donna Mercado Kim, Vice-Chair

From: American Academy of Pediatrics, Hawaii Chapter

Re: **COMMENTS** on HB 250, HD2, Relating to School-Based Health Services

Hearing: Wednesday, March 13, 2019, 2:45 pm, Conference Room 229, State Capitol

Dear Chair Kidani, Vice-Chair Mercado Kim, and Members of the Committee:

The American Academy of Pediatrics, Hawaii Chapter, is an organization of over 300 pediatric providers. Our mission is to attain optimal physical, mental and social health and well-being for infants, children, adolescents and young adults. We offer the following **COMMENTS** on HB 250, HD2 Relating to School-Based Health Services.

We support the goal of improved health for students through school based health services. However we are concerned that this program will have an unknown impact on the health outcomes of students.

Coordination with the patient centered medical home (i.e., primary care providers, federally qualified health centers), emergency rooms, and urgent care centers will be critical to avoid duplication of care and fragmentation. To date our organization has had occasional opportunity to collaborate with Hawaii Keiki to ensure that this occurs. We would welcome ongoing efforts from this program to ensure the continuity and coordinated care for children in school-based clinics and community primary care settings.

We would also suggest that program evaluation will be critical to ensuring that our children are receiving high quality and coordinated care. A "menu" of services may be adaptable to different community needs but understanding and building the evidence for this eclectic approach will be important to make sure our taxpayer funds are being effectively spent.

A truly interdisciplinary, integrated school health system is possible, but close involvement of the grass roots health care community must be considered.

Thank you for the opportunity to provide testimony.

HB-250-HD-2

Submitted on: 3/8/2019 4:42:06 PM

Testimony for EDU on 3/13/2019 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Allix Hessick	Individual	Support	No

Comments:

It is in our best interest to invest in the continued low income healthcare services offered to our children through schools.

HB-250-HD-2

Submitted on: 3/11/2019 12:20:53 AM

Testimony for EDU on 3/13/2019 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen Yokouchi	Individual	Support	No

Comments: